

# IFTA MANUAL ACKNOWLEDGMENT

Wisconsin Department of Transportation  
MV2863 10/2003

Motor Carrier Registration  
Division of Motor Vehicles  
Wisconsin Department of Transportation  
PO Box 7979  
Madison, WI 53707-7979

The social security number is used for identification purposes.

Applicant Name			Applicant Title
Company Name			
Street Address			Federal Employer ID or Social Security Number
City	State	ZIP Code	Area Code and Telephone Number

Please sign this acknowledgment and return it to our office at the above address. Failure to submit this to our office within 30 days may result in suspension of your Wisconsin fuel tax license.

**I acknowledge that I have received the Wisconsin Department of Transportation IFTA Instruction Manual.**

**I certify that:**

**I have reviewed this instruction manual.**

**I understand it is my responsibility to maintain this instruction manual.**

**I understand the information contained in this manual.**

**I will comply with the terms of the International Fuel Tax Agreement as administered by the Wisconsin Department of Transportation.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)